

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015776

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 68

FILED MAY 14 1962

VS 300  
Rev. 4/59

1 0515

2 0515

3

4 1

5 1

6

7 1

8 0

9 4201

10

11

12 2-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrensburg</b>		c. CITY OR TOWN <b>Warrensburg</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Warrensburg Medical Center Inc.</b>		e. STREET ADDRESS (If outside, give location) <b>200 N. Maguire St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Laura</b> Middle <b>B.</b> Last <b>Rothwell</b>		4. DATE OF DEATH Month <b>May</b> Day <b>9</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/8/86</b>
9. AGE (last birthday) <b>76</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		12. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	
13. BIRTHPLACE (City and state or country) <b>Oregon State</b>		14. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
15. FATHER'S NAME <b>T. W. Adams</b>		16. MOTHER'S MAIDEN NAME <b>Martha Wheatley</b>	
17. NAME OF HUSBAND OR WIFE <b>J. R. Rothwell</b>		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
19. SOCIAL SECURITY NO. <b>[REDACTED]</b>		20. INFORMANT Address <b>J. R. Rothwell, Warrensburg, Mo.</b>	
21. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Auricular fibrillation</b> DUE TO (c) <b>[REDACTED]</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b> <b>1 month</b>	
22. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		23. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
24. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
26. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		27. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		29. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
30. CITY, TOWN, OR LOCATION		31. COUNTY	
32. STATE		33. I attended the deceased from <b>5-3-62</b> to <b>5-9-62</b> and last saw her alive on <b>5-9-62</b>	
34. Death occurred at <b>1:10 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		35. SIGNATURE (Degree or title) <b>R. Lee Cooper M.D.</b>	
36. ADDRESS <b>Warrensburg, Missouri</b>		37. DATE SIGNED <b>5/11/62</b>	
38. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		39. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	
40. LOCATION (City, town, or county) <b>Rural Johnson Missouri</b>		41. DATE RECD. BY LOCAL REG. <b>May 11, 1962</b>	
42. REGISTRAR'S SIGNATURE <b>Loannas C. [REDACTED]</b>		43. FUNERAL DIRECTOR ADDRESS <b>Sweeney-Phillips, Warrensburg, Mo.</b>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Frank Porter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.